



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL

City of Hospital: Paoli

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3708001
Outpatient Patient Service Revenue	\$55339383
Total Gross Patient Service Revenue	\$59047384

2. Deductions From Revenue

Contractual Allowance	\$34726209
Other Deductions	\$-1236691
Total Deductions	\$33489518

3. Total Operating Revenue

Net Patient Service Revenue	\$25557866
Other Operating Revenue	\$765037
Total Operating Revenue	\$26322903

4. Operating Expenses

Salaries and Wages	\$7281785	Employee Benefits	\$1833255
Depreciation and Amortization	\$1031981	Interest Expense	\$0
Bad Debt	\$1660447	Other Expenses	\$10654923
Total Operating Expenses	\$22462391		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3860512	Total Assets	\$45355502
Net Non-operating Gains over Loss	\$616579	Total Liabilities	\$45355502

Total Net Gains	\$4477091
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23394591	\$13522387	\$9872204
Medicaid	\$15696261	\$14950891	\$745370
Other Government	\$778843	\$174662	\$604181
Other State	\$0	\$0	\$0
Other Payers	\$19177688	\$4841577	\$14336111
Total	\$59047383	\$33489517	\$25557866

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$37274	\$-37274

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$188537	\$-188537
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	3,942.00

Statement Six: Charity Statement

Hospital Charity Charges	\$1999736
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$675311	
HCI Payments	\$0		
Subtotal	\$0	\$675311	\$-675311
Medicaid Shortfalls	\$3235306	\$5608117	
Subtotal	\$3235306	\$6283428	\$-3048122
DSH Payments	\$0		
Subtotal	\$3235306	\$6283428	\$-3048122
Medicare Shortfalls	\$7383536	\$6594746	
Other Government Programs	\$0	\$0	
Total	\$10618842	\$12878174	\$-2259332

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$93669	\$-93669
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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